UNITED STATES SECURITIES AND EXCHANGE COMMISSIONED

Washington, D.C. 20549

FORM D

Expires:

OMB NUMBER:

3235-0076

May 31, 2002 Estirated average burden

hours per response 16.00

OMB APPROVAL



NOTICE OF SALE OF SECURPTIES PURSUANT TO REGULATION D **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY **Prefix** Serial DATE RECEIVED

Name of Offering (check if this is ar	amendment and name has changed, and indicat	te change.) 12 - 122 - 1
Private Placement of Common Stock	and Warrants	9110, 10210 10
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Ru	ile 506 ☐ Section 4(6) ☐ ULOE
Type of Filing: New Filing	☐ Amendment	
	A. BASIC IDENTIFICATION DATA	71-38789
1. Enter the information requested about t	he issuer	
Name of Issuer (check if this is an a	mendment and name has changed, and indicate of	change.)
Mercator Software, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
45 Danbury Road	Wilton, CT 06897	(203) 761-8600
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business: Developm	nent of software that enables the integration of	f technologies
Type of Business Organization		□ other (please specify): PROCESSED
☑ corporation □ 1	imited partnership, already formed	□ other (please specify):
□ business trust □ 1	imited partnership, to be formed	TAN 2 + 2002
	Month Year	
Actual or Estimated Date of Incorporation	or Organization: 0 9 9 3	✓ Actual ☐ Estimated ~ JONISON
-	on: (Enter two-letter U.S. Postal Service abbrevia	The state of the s
•	nada: FN for other foreign jurisdiction)	ation for State: DE FINANCIPE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	16 1 61	A. BASIC IDENTIF	ICATION DATA		
2. Enter the information reque		ing: has been organized with	in the past five years:		·
			ect the vote or disposition	n of, 10% or me	ore of a class of equity
securities of the issuer	•	1.0		, ,	
and	_		porate general and mana	aging general pa	artners of partnership issuers;
• Each general and man Check Box(es)that Apply:	aging partner of par Promoter	Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or
Check Box(es)diat Apply.	Li i ioniotei	Deficiencial Owlier	E Executive Officer	≥ Director	Managing Partners
Full Name (Last name first, i	f individual)				
King, Roy C.					
Business or Residence Addre c/o 45 Danbury Road, Wi		Street, City, State, Zip C	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	⊠ Director	☐ General and/or
					Managing Partners
Full Name (Last name first, 1 Hall, Kenneth J.	f individual)				
Business or Residence Addre c/o 45 Danbury Road, Wi		Street, City, State, Zip C	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partners
Full Name (Last name first, i Schadt, James P.	f individual)				
Business or Residence Addre c/o 45 Danbury Road, Wi	•	Street, City, State, Zip C	Code)		
Check Box(es)that Apply.	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
					Managing Partners
Full Name (Last name first, i Baker, Diane P.	f individual)				
Business or Residence Addre c/o 45 Danbury Road, Wi		Street, City, State, Zip C	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partners
Full Name (Last name first, i Galley, Constance F.	f individual)				
Business or Residence Addre c/o 45 Danbury Road, Wi	·	Street, City, State, Zip C	Code)	м	
Check Box(es)that Apply.	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partners
Full Name (Last name first, i Keet, Ernest E.	f individual)				
Business or Residence Addre c/o 45 Danbury Road, Wi		Street, City, State, Zip C	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partners
Full Name (Last name first, i	f individual)				
Business or Residence Addre c/o 45 Danbury Road, Wi		Street, City, State, Zip C	Code)	-	

Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partners
Full Name (Last name first, Stevens, Mark C.	, if individual)				
Business or Residence Add c/o 45 Danbury Road, W	•	Street, City, State, Zip C	Code)		<u> </u>
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners
Full Name (Last name first	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partners
Full Name (Last name first,	, if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Code)		
Check Box(es)that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partners
Full Name (Last name first	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Pode)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners
Full Name (Last name first	, if individual)		. 100		
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partners
Full Name (Last name first	if individual)	100 mg/mm			
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Pode)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partners
Full Name (Last name first	, if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip C	Code)		
·	(Use blank sheet	, or copy and use addition	nal copies of this sheet,	as necessary.)	

				B. IN	FORMAT	ION ABOU	JT OFFE	RING				
1. Has the	issuer sold	, or does th	ne issuer int	end to send	d, to non-a	ccredited inv	estors in t	his offering	?		Yes	No ×
			Ar	iswer also	in Append	ix, Column 2	2, if filing	under ULO	E.			
2. What is	the minim	um investn	nent that w	ill be accep	oted from a	ny individua	1?				<u>No n</u>	<u>ninimum</u>
3 Does th	e offering r	permit ioint	oumership	of a single	unit?						Yes	No ⊠
		•	-	•								
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated											
						i sales of sec ith a state of						
-			Č			or dealer, y						
						or dealer, y	ou may se	t torur ule n		101 that of	——————————————————————————————————————	======================================
Full Name	e (Last nam	ie first, if ir	ndividuai)									
	or Residence Adams St				t, City, Stat	e, Zip Code))					
	Associated Blair & C											
						Purchasers					D	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] ⊠	[IN]	[IA]	[KS]]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY] ⊠	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nan	ne first, if in	ndividual)									
Business	or Residen	e Address	(Number	and Street	t, City, Stat	e, Zip Code))					
Name of A	Associated	Broker or I	Dealer									
						Purchasers			, np			A 11 G
•												All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] ·	[IN]	[IA]	[KS]]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY] 	[PR]
Full Nam	e (Last nan	ne first, if in	ndividual)	,								
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	te, Zip Code)	, , , , , , , , , , , , , , , , , , , 				
Name of	Associated	Broker or I	Dealer								•	
						Purchasers					🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IN]	[IA]	[KS]]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\preceq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Amount Already Sold Debt.... 0. 0. Equity []Common [] Preferred Convertible Securities (including warrants)..... 0. Partnership Interests.... 0. Other (Specify): Unit Offering consisting of shares of Common Stock of and warrants to purchase shares of Common Stock..... 16,000,000. 16,000,000. Total 16,000,000. 16,000,000. Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Aggregate Number Dollar Amount Investors of Purchases Accredited Investors.... \$_16,000,000. Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Ouestion 1. Dollar Amount Type of Type of offering Security Sold Rule 505..... Regulation A.... Rule 504..... Total..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. \boxtimes Printing and Engraving Costs. 14,000. Legal Fees..... 215,000. Accounting Fees. X \$ 4,000. Engineering Fees. Sales Commissions (specify finder's fees separately)..... Finder's Fee \$ 960,000.

Other Expenses (identify) Reimbursement of other accrued expenses.

Total.....

\$

 \mathbf{x}

9,000.

1,202,000.

C. OFFERING PRICE, NUMB	DROGINMESHORS, EXPENSES AN	D U	SE UP PRUCE	LD3	
b. Enter the difference between the aggregate Question 1 and the total expenses furnished in respo the "adjusted gross proceeds to the issuer"	nse to Part C - Question 4.a. this differe	nce i	s	\$_	14,798,000.
Indicate below the amount of the adjusted gross proof for each of the purposes shown. If the amount for and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in resp	any purpose is not known, furnish an est e total of the payments listed must equ	imat	e		
			Payments To Officers, Directors, & Affiliates	_	Payments To Others
Salaries and fees			\$		\$
Purchase of real estate			\$		\$
Purchase, rental or leasing and installation of m	• •		\$		\$
Construction or leasing of plant buildings and fa			\$		\$ <u>.</u>
Acquisition of other businesses (including the v offering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another	000	\$ \$		\$ \$ \$_14,798,000.
Other (specify):			\$		\$
Column Totals Total Payments Listed (column totals added)			\$ ⊠ \$	⊠ 4,798	\$ <u>14,798,000.</u> ,000.
	D. FEDERAL SIGNATURE				
the issuer has duly caused this notice to be signed by bllowing signature constitutes an undertaking by the ne information furnished by the issuer to any non-accrute.	issuer to furnish to the U.S. Securities C	omr	nission, upon wr		
Issuer (Print or Type)	Signature			ate	.15.2002
Mercator Software, Inc. Name of Signer (Print or Type)	Title of Signer (Print or Type)		Ja	nuary	15, 2002
Name of Signer (Fillit of Type)	The of Signer (Finit of Type)				
Kannath I Hall	Sanjar Vica-President Chief Finance	sial 4	Officer and Tre	0001120	ır

	E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.252(c), (d of such rule?		•
Se	ee Appendix, Column 5 for state response.	
2. The undersigned issuer hereby undertakes to fur D (17 CFR 239.500) at such times as required		n which this notice is filed, a notice on Form
3. The undersigned issuer hereby undertakes to fur to offerees.	rnish to the state administrators, upon writter	n request, information furnished by the issuer
4. The undersigned issuer represents that the issue Uniform Limited Offering Exemption (ULOE claiming the availability of the exemption has) of the state in which this notice is filed as	nd understands that the issuer
The issuer has read this notification and knows the undersigned duly authorized person.	he contents to be true and has duly caused	this notice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
Mercator Software, Inc.	1 (7 VIII	January 15, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)	

Senior Vice-President, Chief Financial Officer and Treasurer

Kenneth J. Hall

APPENDIX

1.	Ţ .	2	3			4		[5
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Shares of Common Stock, Par Value \$0.01/ Warrants to Purchase Shares of Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
CT									
DE									
DC									
FL									
GA									
HI								_	
ID								_	
IL		X	417,827/ 104,457	1	\$3,000,000	0	\$0		X
IN			1						
IA									
KS									
KY									
LA									
ME									
MD									
MA							1		
MI									
MN									
MS									
MO									

APPENDIX

1		2	3			4		· · · · · · ·	_
	Intend to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Shares of Common Stock, Par Value \$0.01/Warrants to Purchase Shares of Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV				,					
NH									
NJ									
NM NY		X	1,810,585/	4	\$12,000,000	0	\$0		X
NC NC			452,647	4	\$13,000,000	<u> </u>	30		
ND		_							
ОН									
OK								-	
OR									
PA									
RI								ļ	
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY		-							
PR									